



BOARD OF BARBERING AND COSMETOLOGY
P.O. BOX 944226
SACRAMENTO, CA 94244-2260
GENERAL INFORMATION: (916) 323-9020
CONSUMER INFORMATION CENTER: (800) 952-5210 (In State Only)
FAX: (916) 323-5037
www.barbercosmo.ca.gov



REQUEST FOR CHANGE OF ADDRESS

NOTE: This form is for a personal license ONLY

A change of address for an Establishment requires a NEW application and NEW fee

*** MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS**

Disclosure of your U.S. (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C) authorize collection of your (SSN). Your (SSN) will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your (SSN) your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

License/Application Number

(Please type or print legibly in ink)

Name (First, Middle, Last)

Date of Birth

Social Security Number

Daytime Phone Number

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Previous Address Street

City

State

Zip Code

Current Address Street

City

State

Zip Code

*"I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 I have changed my address without the intent to defraud."*

X

Signature of Licensee / Applicant

Date